BEST AVAILABLE COPY

								Application or Docket Number						
	PATENT A	RD			^	17 6								
Effective October 1, 2000									109.718.619					
. CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA Type		NTITY	OR	OTHER SMALL			
TC	TAL CLAIMS				-0.0.0		RA	TE	FEE	1 1	RATE	FEE		
FC	PR		NUMBER I	FILED	NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			21 min	us 20=	*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS							X40=				X80=	_		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT							OR				
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL		OR	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	OTHER SMALL			
	CLAIMS REMAINING			HIGH	GHEST				ADDI-			ADDI-		
AMENDMENT A	ξ.	AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
ME	Independent	*	Minus	***		=	X4	0=		OR	X80=			
	FIRST PRESE	LTIPLE DEPENDENT CLAIM		CLAIM						.070				
							+135=			OR	+270=			
								ADDIT. FEEOR ADDIT. FEE						
		(Column 1)		(Colui		(Column 3)			1001	n 1	<u> </u>			
NDMENT B	-74 Pa	REMAINING AFTER AMENDMENT	1	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
AMEND	Independent	*	Minus	***		=	X4	0=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DE			PENDENT	CLAIM						070			
							+13	OTAL		OR	+270=			
							ADDIT			OR	ADDIT. FEE			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
ME	Independent	*	Minus	***		=	X4	0-			X80=			
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-			
1 If the anticipation of interest to the second of the sec								5=		OR	+270=			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE			
		mber Previously Pa ber Previously Pai							propriate bo					